

## ABSTRACT

### SOCIAL WORK

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## AN EXPLORATORY STUDY OF THE PSYCHOSOCIAL FACTORS THAT PLACE MINORITY WOMEN AT RISK FOR CONTRACTING REPRODUCTIVE TRACT INFECTIONS

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Thesis dated May 2001

This study examined the psychosocial factors that placed minority women at risk for contracting Reproductive Tract Infections (RTIs). The setting for this study was Grady Memorial Hospital located in the metro Atlanta area. The sample consisted of about thirty minority women ages twelve and older. The information was gathered through a twenty-item questionnaire. The questionnaire focuses specifically on psychosocial factors (socioeconomic status of the women, the sexual behavior of the women, and the women's education and knowledge of RTIs). The first part of the questionnaire focused on demographic knowledge of information such as age, gender, and race. The second part focused on the women's RTIs. The third part focused on the sexual behavior and their economic status. The key hypothesis of this study was that psychosocial factors play a key role in minority women's contraction of RTIs. It is expected that the findings will show that minority women who have low socioeconomic status, lack knowledge about RTIs, and partake in high risk sexual behavior are more susceptible to contracting RTIs. Implications for social work intervention are discussed to change minority women's risk of contracting RTIs.

AN EXPLORATORY STUDY OF THE PSYCHOSOCIAL FACTORS THAT PLACE  
MINORITY WOMEN AT RISK FOR CONTRACTING REPRODUCTIVE TRACT  
INFECTIONS

A THESIS

SUBMITTED TO THE FACULTY OF CLARK ATLANTA UNIVERSITY IN  
PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR  
THE DEGREE of MASTERS OF SOCIAL WORK

BY

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ATLANTA, GA

MAY 2001

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## ACKNOWLEDGEMENTS

I would like to thank God for giving me the strength and persistence needed these last five years here at Clark Atlanta University. I know that it is because of God alone that I have persevered through all trials and tribulations. I give thanks to my mother (Debra Hazzard), sister (Kamaria Alleyne), and brother (Malik Steele) for their unconditional love and devotion. To the professors and administration of the Religion Department, and the School of Social Work, thank you for the words of encouragement and unwavering support, it has gotten me through many difficult times. Last, but certainly not least, a sincere, and special thanks to my thesis advisor, Dr. Sarita Davis for her love, support, understanding, and her ability to get me in gear like no one else could. I love you more than you could ever know.



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## CHAPTER ONE

### INTRODUCTION

Chapter one gives an overview of reproductive tract infections, including the problems reproductive tract infections present for minority women. The relevance of this study to social work and minority women's health issues are also discussed.

#### Background

Reproductive tract infections consist of three different types of infections that affect the reproductive tract: Endogenous, Iatrogenic and STIs. Endogenous infections are the most common RTIs worldwide. Sexually Transmitted Infections (STIs) are caused by viruses, bacteria, or parasitic organisms that are transmitted through sexual activity with an infected partner (Population Council, 1997).

Endogenous infections are the infections that result from an overgrowth of organisms normally present in the vagina. These infections include bacteria vaginosis, and candidiasis (also known as yeast). These infections can be easily treated and cured. However, endogenous infections are widely spread and can cause a great deal of discomfort for women. Some common symptoms include itching and pain in the outer vagina, pain during intercourse, and abnormal discharge from the vagina. Iatrogenic infections occur when procedures such as an abortion, the insertion of an IUD or during

childbirth. This usually happens if an instrument being used in a procedure have not been sterilized properly, or if an infection that was already present in the reproductive tract got pushed through the cervix. These infections can cause serious problems, menstrual disturbances, ectopic pregnancy, premature birth or even infertility. Sexually transmitted infections affect both men and women. Sexually transmitted infections are contracted through organisms such as bacteria, viruses, and other organisms that can enter the vagina, mouth, anus, or urethra. There are many different sexually transmitted infections. Many of these infections can be treated, but some cannot. AIDS and HIV are infections, along with genital herpes and genital warts, that cannot be treated. The common symptoms for STIs are the same as the other RTIs. These include, but are not limited to, abnormal discharge from the vagina, pain during intercourse, cuts or lesions on the outside of the vagina or unusual odor after intercourse.

Several psychosocial factors influence the contraction of RTIs by minority women. These include, low socioeconomic status, lack of knowledge about RTIs, and high-risk sexual behavior. Previous research has shown that women who participate in high-risk sexual behavior are at a higher risk for contracting sexually transmitted diseases and other RTIs. Women who also do not have the financial means that will enable them to get adequate health care are also at a higher risk for contracting RTIs due to their socioeconomic status. Furthermore, the lack of knowledge and education about RTIs place women at risk, because they do not know what they should be looking for and what are the consequences of having an infection that is left untreated.

#### Statement of The Problem

Reproductive tract infections have implications beyond health issues.

Psychosocial factors greatly influence who are affected by these infections. According to the World Health Organization (1999), these infections are very high in urban communities where the majority of minorities live. Due to low socioeconomic status, lack of information about RTIs, and participating in high-risk sexual behavior, minority women are affected by RTIs at an alarming rate. Furthermore, minority women are unaware of the different types of RTIs and the serious consequences that untreated RTIs have on their reproductive tract. Minority women are often educated about RTIs such as STDs, but are not made aware of RTIs such as yeast infections, bacteria vaginosis, and other less popular RTIs.

### Significance of Study

This study looks at the psychosocial factors that place minority women at risk for contracting RTIs. This study is presented in six chapters. Chapter one outlines goals and objectives of this study. Chapter two reviews empirical research that has been done previously on the psychosocial factors that place minority people, especially women, at risk for contracting RTIs. Chapter three gives a step-by-step overview of how the data was collected, from whom the data were collected and how the data were analyzed. Chapter four presents analyzed data. Chapter five discusses the limitations, and chapter six discusses the implications. This study examines the need for future research on how minority women can reduce their risk of contracting RTIs, by improving their knowledge of RTIs, changing their socioeconomic status and protecting themselves from contracting Sexually Transmitted Diseases by using condoms and reducing the number of sexual

partners they have. The literature in the next chapter does not look solely at RTIs, but the information was used to examine the different psychosocial factors that influence the lives of minority women. Looking at the psychosocial factors will also enable social workers to provide their clients with the proper resources that will help them take control of their health and the health of their families.

### Summary

This chapter gave an in depth look at the background of Reproductive Tract Infections including Sexually Transmitted Diseases. It also addressed the statement of the problem, which focused on RTIs and their significance to the reproductive health of minority women. The significance of the study was also addressed in this chapter. The significance of the study looked at the psychosocial factors that place minority women at risk for contracting RTIs. A small overview of the following chapters were also addressed in the significance of the study.

The following chapter takes a close look at the literature that already exists and addresses the psychosocial factors such as, minority women's knowledge of Reproductive Tract Infections, the sexual behavior of minority women, and the socioeconomic status of minority women. The literature review is an in depth observation of what other authors have to say about these psychosocial factors and how they affect minority women's risk of contracting RTIs.



## CHAPTER TWO

### REVIEW OF THE LITERATURE

The purpose of this chapter is to present empirical data on reproductive tract infections and the psychosocial factors that influence the lives and risk of contraction of RTIs by minority women. This chapter looks at other research that has been done on RTIs and factors that may increase minority women's risk of contracting reproductive tract infections. The null hypothesis and the limitations to the study are also discussed.

#### Reproductive Tract Infections

Reproductive tract infections refer to three different types of infection that affect the reproductive tract. Endogenous infections are the most common RTIs worldwide. Iatrogenic infections occur when bacteria, or some other microorganism, is introduced into the body by some medical procedure. Sexually Transmitted Infections (STIs) are caused by viruses, bacteria, or parasitic organisms that are transmitted through sexual activity with an infected partner.

Endogenous infections are the infections that result from an overgrowth of organisms normally present in the vagina. These infections include bacteria vaginosis and candidiasis (also known as yeast). These infections can be easily treated and cured. However, endogenous infections are widely spread and can cause a great deal of discomfort for women. Some common symptoms include itching and pain in the outer

vagina, pain during intercourse, and abnormal discharge from the vagina (Population Council, 1997).

Iatrogenic infections occur when procedures such as an abortion, the insertion of an IUD or during childbirth are done. This usually happens if an instrument being used in a procedure has not been sterilized properly, or if an infection that was already present in the reproductive tract got pushed through the cervix. These infections can cause serious problems for women such as pelvic inflammatory disease (PID), which causes severe abdominal pain, menstrual disturbances, ectopic pregnancy, premature birth or even infertility. Some common symptoms are pain in the pelvic region, chills, unusual vaginal discharge and pain during intercourse (Population Council, 1997).

Sexually transmitted infections (STIs) affect both men and women. Sexually transmitted infections are contracted through organisms such as bacteria, viruses, and other organisms that can enter the vagina, mouth, anus, or urethra. There are many different sexually transmitted infections. Many of these infections can be treated, but some cannot. AIDS and HIV are infections, along with genital herpes and genital warts, that cannot be treated. The common symptoms for STIs are the same as the other RTIs. These include, but are not limited to abnormal discharge from the vagina, pain during intercourse, cuts or lesions on the outside of the vagina or unusual odor after intercourse (Population Council, 1997).

According to Dr. Aral of the Center for Disease Control and Prevention, RTIs, especially Sexually Transmitted Diseases, have different consequences for men and women. He stated that sexually transmitted diseases place a greater burden on women

biologically (Aral, 1992). Even though RTIs are not seen as a major health issue, untreated reproductive tract infections can lead to serious reproductive health issues for any woman. Untreated RTIs can lead to problems such as Pelvic Inflammatory Disease, premature birth, miscarriages, and even infertility in women (Aral, 1992).

Minority women are even more adversely affected by these circumstances. Due to many psychosocial factors, minority women are placed at a grave disadvantage when it comes to their health. Factors such as low socioeconomic factors, lack of knowledge about RTIs, and participating in high-risk sexual behavior influence the risk of RTI contraction by minority women. According to Marcelo (1997), the program officer at HDRH, the sociocultural and economic consequences of RTIs occur at the individual and public levels. At the individual level this may cause shame and stigma that may worsen the situation by causing delays in seeking medical treatment. Economically disadvantaged people would find a great deal of difficulty in paying treatment costs, especially if treatment is needed on a long-term basis. Because most of the government resources are spent on infectious diseases such as AIDS and HIV, very little attention is paid to the consequences of other RTIs (Marcelo, 1997).

Research has shown that the earlier the age at first intercourse, the more exposures there are to RTIs. Unprotected sex with numerous partners also increases the risk for RTIs. The use of condoms protect against most RTIs. Furthermore, low levels of knowledge among women and lack of health information generally result in misconceptions about many illnesses and their treatment. This discourages people from adopting preventive measures (Goyal, 1997). Often times, women are unaware of what

RTIs are exactly or how they are contracted. Because many RTIs do not have symptoms in women, detecting them can be very difficult. Women experience discharge, but due to misconceptions and lack of knowledge, they do not seek the care of a physician and these infections may go untreated. Due to these circumstances, women place their reproductive health in grave danger. Untreated RTIs can lead to very serious consequences in women. A woman with untreated bacteria vaginosis may develop pelvic inflammatory disease or other serious reproductive health issues (International Family Planning Perspectives, 1999).

#### Psychosocial Factors

Psychosocial factors such as sexual behavior, knowledge of RTIs, and economic status affect minority women's risk of contracting RTIs. The sexual behavior of minority women, especially African Americans, places them at greater risk for contracting HIV/AIDS, STIs, and RTIs. According to the Center for Disease Control (1992), although African Americans account for only twelve percent of the U.S. population, they constitute thirty-two percent of the reported AIDS cases (CDC, 1992).

According to Marcelo (1997), the program officer at HDRH, the earlier the age at first intercourse, the more exposures there are for RTIs. Also, young women, especially young girls, are more vulnerable to RTIs because their vaginal epithelium is thinner. Research has shown that minority women, especially urban black females, begin sexual intercourse at an earlier age than their Caucasian counterparts. It is stated that in low-income communities sexual behavior at an earlier age is more accepted, and lack of perceived opportunities such as marriage, education and employment may influence early

sexual behavior in urban communities. For example, black adolescents who live in urban communities may feel as though they have restricted life options and, therefore, not delay the onset of their first sexual experience (Murray, 1994). This study also states that adolescent and parent sexual communication is an important factor in setting the sexual norm of teenage females. Several studies have shown that black adolescent are more likely to delay their first sexual experience if they talk with their parents about issues such as pregnancy and sexually transmitted diseases (Murray, 1994).

With respect to sexual practices, research has shown that in intimate relationships, minority women often feel powerless over men, which results in women not using condoms and other forms of contraception to protect themselves from AIDS and other STDs (Icard, 1995). Furthermore, it is more accepted for men to have numerous sexual partners, and this behavior also places minority women at risk for contracting RTIs and STDs. Therefore, the behavior of men influences women's risk of contracting sexually transmitted diseases.

In recent studies, women have reported knowing that their sexual partners were having extra sexual relationships or have injected drugs, yet they continue to have a sexual relations with that partner. Women's ability to protect themselves from AIDS and other STDs is usually dependent on their negotiating skills with their partners. Issues of low self-esteem and lack of empowerment may force minority women to give up any power they may have in making sexual decisions, even though these decisions may save their lives. A woman may feel as though her partner has no control of life outside of their intimate relationship, so she is willing to give him that much power as it relates to their

sex life. In many cases, self-efficacy which focuses on the women's level of confidence that they can perform, or her intent to perform, safer sex behaviors are often not considered. In addition to the current sexual behavior of women and their partners, a history of STDs also increases women's risk for contracting RTIs and other STDs. (Soler, 2000)

Besides the sexual behavior of minority women, their socioeconomic status also plays a major role in their risk of contracting RTIs. According to Health Care For Women International (Lawson, 1999), low income has characterized the life experiences of a large number of minority women, especially African American women. African Americans are more likely to live in urban areas with high crime and drug rates, which increase the morbidity and mortality of African American people. These economic issues may prevent minority women from receiving adequate health care. According to The National Women's Health Information Center (Barker, 1998) a large percentage of minority women reported that they did not have a pap test in a number of years. Because of these factors, minority women are at risk for contracting many diseases that affect the reproductive tract, such as, ovarian cancer, HIV/AIDS, and other STDs.

Women's knowledge of RTIs also is another factor that influence their risk of contracting RTIs and other diseases. The growing importance of incurable viral STDs, particularly HIV infection, has tremendously increased the importance of health education in changing behaviors toward safer sex practices and better hygiene (Germain, 1992). Oftentimes, when speaking to young women about RTIs and sexuality, it becomes obvious that there is very little information known about what exactly RTIs are,

and the different types of RTIs. Because of the lack of information, women are not able to know when they have a RTI and are in need of medical attention because many RTIs do not have any symptoms.

### Limitations to The Study

There are several limitations to this study. The first being that there is not enough information about the effects of Reproductive Tract Infections in African American women. There is hardly any empirical data on RTIs and the risk factors for African American women. Another limitation to the research is that the majority of the data focused on RTIs in third world countries. There is very little information about RTIs and how they affect women, especially minority women in the United States. Furthermore, more research is needed on the socioeconomic women in inner cities and how they are affected by RTIs. Also, research should address the reasons why minority women feel the need to give up some of their power in their relationships and place their health at risk.

The null hypothesis for this study is:

HO: Psychosocial factors do not contribute to the contraction of RTIs.

The alternative hypothesis for this study is:

HA: Psychosocial factors contribute to the contraction of RTIs.

### Conceptual Framework

In addressing this population, cognitive-behavior perspective can be used.

Cognitive and cognitive-behavior for the most part are used interchangeably. They both

stem from cognitive psychology, with its emphasis on the effects of thoughts on behavior and on the study of the nature of our cognitive processes, and behaviorism (Carson, 2000). One main theme of the cognitive-behavior perspective is the belief that cognitive processes influence emotion, motivation, and behavior. When addressing this population this perspective can be used in addressing the participants' use of condoms. By changing the participants' thoughts about condoms and its effects as it pertains to their reproductive health, social workers can change the behavior patterns of this population. If the women are made aware of the seriousness of RTIs and their long-term consequences, they may be more apt to using condoms more frequently, which in turn could possibly reduce the number of RTIs they experience and possibly even save their lives. According to this perspective, if the critical cognitive components can be changed, then the behavior and maladaptive emotions will also change (Carson, 2000). In the case of this study, the maladaptive behavior is the result of inconsistent condom usage. The majority of this sample reported using condoms only sometimes and some participants reported never using condoms during sexual intercourse. By educating the population about RTIs and the importance of using condoms every time they engage in sexual practices, social workers can alter clients' thought patterns, which in turn will alter client behavior.

### Summary

This chapter addressed the different types of Reproductive Tract Infections. It gave specific information about each type of RTI including Endogenous infections, which includes yeast infections, Iatrogenic RTIs, which occurs when a woman has an



abortion that was not done correctly, and Sexually Transmitted Infections which are usually infections passed on through sexual intercourse. This chapter also compared the likelihood of urban versus suburban minority women contracting RTIs. This chapter also examined the three psychosocial factors that relate to the reproductive health of minority women. Finally, the limitations of the study and the conceptual framework were also discussed.

The following chapter looks at the methodology of this study, including the setting, sample, measure, design notation and procedures. The following chapter also summarizes the demographics of the sample, the validity and reliability threats to the study.

## CHAPTER THREE

### METHODOLOGY

This chapter outlines the process of gathering the data to support the hypothesis that psychosocial factors influence minority women's risk of contracting RTIs. This chapter focuses on how the data were collected, the sample used to collect the data, and the process of gathering the data.

#### Setting

The setting for this study is the Women's Health Services at Grady Memorial Hospital located in Atlanta. The Women's Health Services section of Grady Hospital is composed of social workers that deal with all gynecological issues and all other women's health issues. Women's Health Services is open seven days per week, Monday through Friday and on weekends. The main setting for this study is the maternity ward of the hospital, with minority women who recently delivered babies, and are seen by the social workers in the Women's Health Department. They are mostly single mothers and come from mixed socioeconomic backgrounds. There were 30 participants from Grady Hospital that participated in this study. As shown in the Demographics table (see Table 1), all of the participants (100%) were female, twenty-seven of the participants (90%) were African Americans, two (6.7%) were Asian and one (3.3%) was Hispanic. Seventeen participants were single (56.7%) and not currently

dating anyone, eleven (36.7%) were dating and two (6.7%) were married. All the participants were residents of Atlanta. Of the participants, twenty-five had a high school education. Furthermore, twenty-four (82.8%) of the participants had an annual income between \$10,000-\$15,000, which is right above or below the poverty line. Four (13.8%) had an annual income between \$16,000-\$30,000, and one person (3.4%) had an annual income more than \$30,000. This information is illustrated in Table 1.

### Sample

The population of interest for this study were minority women age sixteen and older who are seen by the social workers in the Women's Health Services department. These women are women from minority groups. The purpose of the study was explained thoroughly to each participant, and the definition of RTIs was also explained to try and ensure that each participant had some sense of what exactly the questionnaire was asking them to answer. It was also explained to each participant that participation in this study was completely voluntary. The sample consisted of thirty minority women selected to participate in the study. The majority of the women spoke English. This sample was a good representation of minority women in the greater Atlanta area. The majority of the sample consisted of African American women (27), two Asian American women and one Hispanic woman. Even though this group was a good representation of minority women, the actual sample which consisted of thirty women may have been too small to be a good representation of minority women throughout the United States. Due to the diversity of this group, the validity of the sample could have been threatened because of language

barriers, however, this was prevented because the majority of the sample were English speaking participants.

Table 1:

Demographics of Sample (n= 30)

Variable	N	Percentage
<b>Gender</b>		
Female	30	100.0%
<b>Ethnicity</b>		
African American	27	90.0%
Asian	2	6.7%
Hispanic	1	3.3%
<b>Marital Status</b>		
Single, not dating	17	56.7%
Dating	11	36.7%
Married	2	6.7%
<b>Income</b>		
10-15,000	24	82.8%
16-30,000	4	13.8%
30,000 and above	1	3.4%

**Measure**

The data for this study were collected through a twenty-question questionnaire. This questionnaire is used to test the women's knowledge of RTIs, to find out about their sexual history, and to find out about their socioeconomic status. The questionnaire is

divided into four specific parts. The first part of the questionnaire focuses on the women's demographic information such as their age, and ethnic group, and marital status. The second part of the questionnaire ask questions pertaining to their knowledge of RTIs (are sexually transmitted diseases also considered reproductive tract infections?, is yeast infection a common RTIs?), the third part of the questionnaire focuses on their sexual behavior, and the fourth on their socioeconomic status.

The questionnaires were conducted at Grady Hospital. In addressing the validity of the study, there were several threats. The first threat was that the researcher was present at the time the participants were answering the questionnaires and this may have affected the participants' answers because the participant may have felt that the researcher would remember who they were and associate them with the questionnaires they completed. Another threat to the validity of this study was the honesty of the participants when answering some of the questions on the questionnaire. For instance, some of the questions referred to the participants' sexual behavior and sexual history which the participants may not have felt comfortable answering. In order to reduce the threats to the validity of the study, the participants were reassured that their responses were confidential. Also, the researcher placed the completed questionnaires directly from the participants into a manila folder.

As for the reliability of this study, there were also some minor threats to the reliability of the study. The first threat to the reliability of the study pertained to the questions on the questionnaire. The questionnaire did not address all possible answers that the participants could have given. For instance, one question asked about the number

of times each participant had been treated for a STD. However, the answers ranged from 1-5, 6-10 and so forth. However, the questionnaire did not have an answer for the participants that were never treated for a STD. This may have affected the reliability of the tool used for this study.

### Design

The design notation for this data collection was a XO-one shot case study.

X- Psychosocial factors as they relate to the contraction of RTIs in minority women.

O- A twenty-item questionnaire

The one shot case study was used with this population because the women are only in the hospital for a short period of time. The participants were discharged after a maximum of two to three days. A validity threat to this study focuses on the sensitive nature of the questions and the reluctance of some participants to answer those questions truthfully. The honesty of the participants' responses cannot be tested. Furthermore, many of the participants were not knowledgeable about what exactly are RTIs. In an effort to reduce these threats, each participant was given a brief description of RTIs. While interviews would have been better to establish a rapport with participants, it was not feasible. As a result, interviews were not conducted. In order to ensure that the participants felt some degree of comfort to answer the questions, a statement of confidentiality was given to them and their names were not used.

### Procedures

The data were gathered through questionnaires that were distributed at Grady Memorial Hospital. Grady Hospital is located in Atlanta, Georgia. This study was done during the months of September and October of 2000. The questionnaires will be given to minority women who receive services from Grady's Women Health Services. All participants involved in this study received an informed consent form. However, due to the nature of the questions the participants' name was not used. The data were collected on Mondays through Wednesdays of every week for a period of five weeks. The data were collected between the hours of 9:00 a.m. and 4:00 p.m. in the maternity section of Grady and also in the office of one of the social workers in the Women Services Department. All questionnaires were distributed and collected by the researcher. Information collected includes demographic characteristics, knowledge about RTIs, information about the sexual practices, and socioeconomic status of the participants.

### Data Analysis

An inferential test will be used to analyze the data. This test states how safe it is for the researcher to make generalizations on the entire population when only a small sample is being used. The variables tested were the socioeconomic status of the women, the sexual behavior of the women and the knowledge of RTIs. The variables were tested to see if any of these factors increased minority women's risk of contracting RTIs. The study seeks to examine if socioeconomic status, risky sexual behavior, and lack of knowledge increases their chances of contracting a reproductive tract infection.

### Summary

This chapter outlined the data collection process of this study. The methodology section of this study addressed the setting, which includes the specific location that was used to collect the data. The sample consisted of minority women who were patients at Grady Hospital. The measure addressed the validity of the study and the threats to the validity of the study. The reliability of the study is also addressed in the measurement section of this chapter. The design notation and procedures were also addressed in this chapter. The information in this chapter paved the way for the following chapter.

The following chapter focuses on the findings of this study. The findings are illustrated through graphs and tables. Chapter four gives an in depth look at the psychosocial factors that are addressed in this study. Comparisons between the high-risk group and the general sample are also demonstrated through graphs in the following chapter.



## CHAPTER FOUR

### RESULTS

The data presented in this chapter outline the sample demographics and findings of this study. The results address whether or not low socioeconomic status, lack of knowledge of RTIs, and high-risk sexual behavior places minority women at risk for contracting RTIs.

#### Demographics

There were 30 participants from Grady Hospital that participated in this study. As shown in table 1, all of the participants (100 percent) were female, twenty-seven (90 percent) of the participants were African Americans, two (6.7 percent) were Asian and one (3.3 percent) was Hispanic. Seventeen (56.7 percent) participants were single and not currently dating anyone, eleven (36.7 percent) were dating and two (6.7 percent) were married. All the participants were residents of Atlanta. Of all the participants twenty-five (89 percent) had a high school education, twenty-four (82.8 percent) of the participants had an annual income between \$10,000-\$15,000, which is right above or below the poverty line, four (13.8%) had an annual income of \$16,000-\$30,000, and one person (3.4 percent) had an annual income of more than \$30,000.

The purpose of this study is to examine whether specific psychosocial factors, low socioeconomic status, lack of knowledge about RTIs and high-risk sexual behavior places

minority women at greater risk for contracting RTIs. To determine the participants' level of risk, several questions were selected as high-risk indicators of contracting RTIs.

In order to be categorized as high risk, the participants had to answer three of the five RTI knowledge questions incorrectly, use condoms sporadically during sexual intercourse and have an annual income between \$10,000 and \$15,000.

The RTIs knowledge-based questions were based on true/false responses. For the overall sample, seventy-four percent (74 percent) of the participants answered the majority of these questions correctly, with twenty-six percent (26 percent) answering incorrectly. The high-risk sexual behavior questions were based on the frequency of condom use by the participants. The participants answered whether or not they used condoms all the time, sometimes, or never during sexual intercourse. If the participants checked either "Sometimes or Never" they were considered high-risk. For these responses four (13.3 percent) respondents indicated that they used condoms all of the time, twenty-three (76.7 percent) indicated that they used condoms sometimes and three (10.0 percent) indicated that they never used condoms during sexual intercourse. Finally, for annual income, twenty-four (82.8 percent) of the participants fell between \$10,000 and \$15,000, four (13.8 percent) had an annual income between \$16,000 and \$30,000, and one (3.4 percent) had an annual income of more than \$30,000.

There were three participants from the entire sample that fell into the high-risk group. Two of the participants answered three knowledge-based questions incorrectly, had an income of \$10,000-\$15,000 and used condoms only sometimes during sexual intercourse. The other high-risk participant answered all five knowledge-based questions

incorrectly, used condoms only sometimes during sexual intercourse and had an annual income between \$10,000-\$15,000.

Overall, the average incorrect knowledge-based questions answered by the high-risk group were 3.6. For the general sample, the average incorrect knowledge-based questions were 1.3. The average condom usage for both the high-risk group and general sample was sometimes (the high-risk group had an average of more than twice the incorrect responses than the overall sample). The entire high-risk population had an annual income between \$10,000-\$15,000.

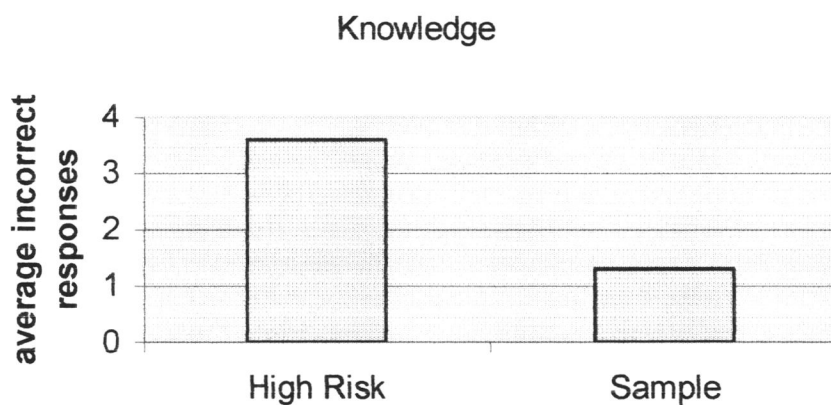


Figure 1: Average Incorrect Knowledge-based Responses

Figure 2 shows that there is no major difference in the average condom usage between the overall sample and the high-risk group. On average both groups mostly or only use condoms sometimes during sexual relations. One hundred percent (3) of the high-risk group only use condoms sometimes during sexual intercourse, while 76.7% (23) of the entire population also only use condoms sometimes and 10 percent (3) never use condoms during sexual intercourse. Both these percentages were added to show the

overall sexual risk of the overall population. Only a very small percentage of the entire population (13.3 percent) reported using condoms all the time during sexual intercourse.

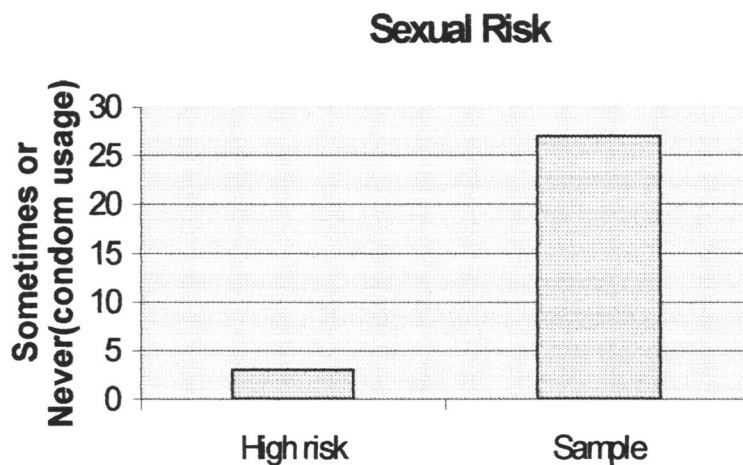


Figure 2: Average Condom Usage

Figure 3 shows the annual income of both the high-risk group and the overall sample. One hundred percent (3) of high-risk group had an annual income of \$10-15,000. The majority 82.8 percent (24) of the overall sample also had an annual income between \$10-15,000, with the remaining participants having an income greater than \$16,000.

#### Another Related Question

The following question constitutes to the relevance of this study: How many times have you been treated for a sexually transmitted disease? This question is relevant to the participants' high-risk sexual behavior. The majority of this sample uses condoms infrequently during sexual intercourse, which increases their chances of contracting a serious RTI such as an incurable STD. It is important to note that a number of participants had been treated several times for sexually transmitted diseases. Even

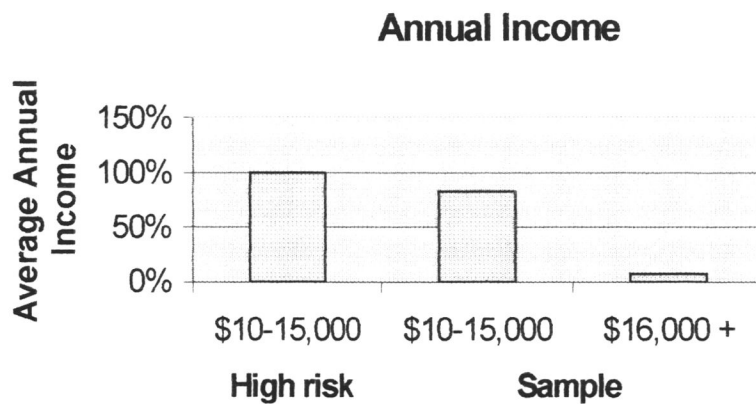


Figure 3: Average Annual Income

though this study has shown that there is not much difference between the high-risk group and the overall sample because overall, the entire sample had at least one high risk factor that placed them at risk for contracting RTIs. Several high-risk indicators overlapped in this study. Therefore, educating these women about RTIs and its relevance to STDs may decrease the number of RTIs and STDs. Many of the participants did not know that STDs are also considered RTIs. In using the Cognitive-Behavior perspective with this population, one main theme is the belief that cognitive processes influence emotion, motivation, and behavior. When addressing this population this perspective can be used in addressing the participants' use of condoms. By changing the participants' thoughts about condoms and its effects as it pertains to their reproductive health, social workers can change the behavior patterns of this population. If the women are made aware of the seriousness of RTIs and their long-term consequences, they may be more apt to using condoms more frequently which in turn could possibly reduce the number of RTIs they experience and possibly even save their lives.

The results of this chapter suggests that there is no major difference between the high-risk group and the overall sample regarding the psychosocial factors that place minority women at risk for contracting RTIs. Therefore, the hypothesis was not supported. All the results are discussed in chapter five.

### Summary

This chapter presented the results from the data collection. As shown by the different figures, there were no major differences between the high-risk group and the overall sample. The majority of the sample had low socioeconomic status, sporadically used condoms during intercourse. The knowledge-based section of the questionnaire is the only part of this study that distinguished any difference among the two groups. Furthermore, there was not a great difference between the responses of the high-risk group and the overall sample when answering the knowledge-based questions. For the most part, the entire sample were at high-risk for contracting RTIs.

## CHAPTER FIVE

### CONCLUSION

This chapter provides information regarding the findings of previous research such as similarities and differences and also suggestions for future research. The results of this study showed that there were no major differences between the high-risk group and the overall sample as far as the psychosocial factors that place minority women at risk for contracting RTIs. The majority of the sample had the same psychosocial factors as those of the high-risk group. The only major difference between the two groups were on the knowledge-based questions.

The main focus of this study was the psychosocial factors that place minority women at risk for contracting RTIs. It was hypothesized that if minority women had a low socioeconomic background, had high-risk sexual practices and were not knowledgeable about RTIs, they were more at risk for contracting RTIs. However, this study has shown that many of these factors overlap. For instance, the majority of the population had a low socioeconomic status, and had high-risk sexual practices, but did not fall into the high-risk category because they were knowledgeable about RTIs. Eighty-six percent (86 percent) of the population used condoms only “Sometimes or Never” during sexual intercourse, eighty-two percent (82 percent) had annual incomes between \$10-15,000, and seventy-six percent (76 percent) answered the knowledge-based questions correctly.

The majority of studies conducted about Reproductive Tract Infections focus on Third World women and not women in the United States. There are not many studies conducted in the United States on this subject. In the few studies conducted in this country on RTIs and minority women, only several to few psychosocial factors addressed in this study were included. For instance, one factor discussed in previous research is the sexual behavior of minority women, especially young girls that live in inner cities throughout the United States. According to Marcelo (1997), the program officer at HDRH, the earlier the age at first intercourse, the more exposures there are for RTIs. Also, young women, especially young girls are more vulnerable to RTIs because their vaginal epithelium is thinner. Research has shown that minority women especially urban African American females begin sexual intercourse at an earlier age than their Caucasian counterparts. It is stated that in low-income communities sexual behavior at an earlier age is more accepted and lack of perceived opportunities such as marriage, education and employment may influence early sexual behavior in urban communities (Murry, 1994). For example, African American adolescents who live in urban communities may feel as though they have restricted life options and therefore not delay the onset of their first sexual experience (Murry, 1994). Research has also shown that minority women have lower socioeconomic status than their counterparts and this too can effect their risk of contracting RTIs. For instance, according to Health Care for Women International (Lawson, 1999) low income has characterized the life experiences of a large number of minority women, especially African American women. African Americans are more likely to live in urban areas with high crime and drug rates, which increase the morbidity



and mortality of African American people. These economic issues may prevent minority women from receiving adequate health care. According to The National Women's Health Information Center (Barker, 1998) a large percentage of minority women reported that they did not have a pap test in a number of years. Because of these factors, minority women are at risk for contracting many diseases that affect the reproductive tract such as ovarian cancer, HIV/AIDS, and other STDs. The information gathered through this study suggests that sexual behavior plays the biggest role in women contracting RTIs, and their knowledge of RTIs also affect their risk factors. This study has shown that socioeconomic status did not necessarily increase their chances of contracting RTIs. However, this sample was too small to generalize the entire minority female population in the United States.

Even though there are a few studies that address socioeconomic status and sexual behavior, there are even fewer that address the knowledge of minority women about RTIs. The majority of education received by women pertains to Sexually Transmitted Diseases including HIV/AIDS. However, health educators and social workers need to also educate women, especially minority women about other RTIs. By expanding the range of reproductive education, women are more likely to be aware of other RTIs and become knowledgeable about how to protect themselves. When educators focus only on certain STDs and RTIs, women may then believe that these are the only Reproductive Tract Infections that they should be concerned about when in fact this is not the case. All reproductive tract infections could possibly lead to serious reproductive health complications for women.

In addressing this population, a cognitive-behavior perspective can be used. Cognitive and cognitive-behavior for the most part are used interchangeably. They both stem from cognitive psychology, with its emphasis on the effects of thoughts on behavior and on the study of the nature of our cognitive processes, and behaviorism (Carson, 2000). One main theme of the cognitive-behavior perspective is the belief that cognitive processes influence emotion, motivation, and behavior. When addressing this population this perspective can be used in addressing the participants' use of condoms. By changing the participants' thoughts about condoms and its effects as it pertains to their reproductive health, social workers can change the behavior patterns of this population. This study has shown that knowledge of RTIs is an important factor in preventing RTI contraction. With knowledge, women can become aware of the different methods of contraction and how to keep themselves and their families safe. Without knowledge, women will not have the necessary tools they need to protect themselves. With knowledge women can be made aware of the seriousness of RTIs and their long-term consequences. They may be more apt to using condoms more frequently which in turn could possibly reduce the number of RTIs they experience and possibly even save their lives. According to this perspective, if the critical cognitive components can be changed, then the behavior and maladaptive emotions will change (Carson, 2000). In the case of this sample, the maladaptive behavior is the lack of constant use of condoms. The majority of this sample reported using condoms only sometimes and some participants reported never using condoms during sexual intercourse. By educating the population about RTIs and the importance of using condoms every time they engage in sexual

practices the social workers are changing their thought patterns, which in turn will change their behavior.

### Limitations of The Study

There were several limitations to this study. The first limitation was the sampling size. This sample consisted of thirty women, twenty-seven were African Americans two Asians, and one Hispanic. Therefore, the findings cannot generalize the entire population of minority women. A larger sample would have been a better representation of the minority population.

Another limitation of the study was the lack of research done on minority women and their risk for contracting RTIs. The majority of the research conducted on Reproductive Tract Infections has been conducted on Third World Women. There were only a few studies conducted in the United States about the psychosocial factors that place minority women at risk for contracting RTIs. There were even fewer studies that focused specifically on African American women.

The final limitation to the study were the participants' responses. This questionnaire asked many questions that the participants might have felt uncomfortable answering, especially with someone they did not know. Therefore, the participants' level of honesty is unknown. In addition the participants may not have answered all the questions correctly. For example, one question asked about the number of times the participants have been treated for a sexually transmitted disease. Several participants did not answer this question or other highly personal questions on the survey.

### Suggested Research for Future Practices

There is a definite need for more research to be conducted on this topic. As seen from reviewing the literature, there is not a lot of information in the United States that focuses on African American women. Other suggestions include finding a way to use research to educate minority women about other RTIs in addition to STDs. Also, to incorporate RTI education when educating populations about STDs. Finally, it is recommended that those persons who are not at risk be educated about RTIs because they can still spread RTIs to their sexual partner (s) because men can also contract RTIs.

### Summary

This chapter gave an overview of the significant findings of this study, and explaining the role of the cognitive-behavior as it relates to educating women. Recommendations for future research were also addressed in this chapter. The following chapter takes a close look at the implications of this study for the social work profession.

## CHAPTER SIX

### IMPLICATIONS FOR SOCIAL WORK PRACTICE

In this chapter, the important roles and responsibilities of social workers as they pertain to this study are discussed. This study focused on the psychosocial factors such as low socioeconomic status, high-risk sexual behavior, and knowledge of RTIs that place minority women at risk for contracting RTIs. It was expected that minority women who have low socioeconomic status, practice high-risk sexual behavior and are not knowledgeable about RTIs were at greater risk for contracting RTIs than the general population. However, results showed that the women who fell into the high-risk category were not very different from the general population. Also, many of the population had overlapping factors. For instance, many participants had two of the three criteria of the high-risk group. The conceptual framework is important when working with minority women and addressing their sexual practices. The cognitive-behavior perspective states that our thoughts control our actions. When working with this population in reference to their sexual practices, this perspective is important because the social worker can focus on how the client's thoughts affect condom use. If the social worker is able to change the client's thinking about using condoms, then according to the cognitive-behavior perspective, the behavior will change and the clients will use condoms more frequently.

This study can also be used as an educational tool for social workers. Social workers can use the information in this study to educate their clients who are affected by these psychosocial factors about protecting and educating themselves and their families. Social workers can also use this study to educate minority women, especially African American women, on the dangers of untreated RTIs. As social workers use this study to arm their clients with knowledge they need in order to preserve their reproductive health, they will also provide the support and other services that will be beneficial to their clients. However, even though social workers will be using this study as a tool for their clients, they can also use it as an educational tool for themselves. Social workers will need to be abreast of the different RTIs in order to refer their clients to the appropriate agencies that will administer the proper care to the clients.

## APPENDIX A: INFORMED CONSENT FORM

During the months of September and October 2000, a Clark Atlanta University School of Social Work student will be conducting research. The objective is to learn of the effects of psychosocial factors such as socioeconomic status, sexual behavior and knowledge of reproductive tract infections, have on the contraction of reproductive tract infections by minority women. The research will involve questionnaires to be completed by women who receive services from Grady Health System. or one of it's affiliated agencies. Results will be used to better understand the needs of minority women and how they can protect themselves from contracting RTIs.

Information collected will include demographic characteristics, information on the women's knowledge of RTIs, their sexual behavior and the behavior of their partner (s), and their socioeconomic status.

Participation in the research is completely voluntary; and if you so choose to participate you may discontinue at any time. Information will be summarized in a manner that will maintain individual confidentiality.

If you agree to voluntarily participate in the proposed research, please sign and date two copies. One for your own records.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX B: INSTRUMENT

### Part I: Demographic Information

Date \_\_\_\_\_

Age \_\_\_\_\_

Place of Birth \_\_\_\_\_

Highest grade completed \_\_\_\_\_

1. My ethnic background can best be described as:  
\_\_\_\_\_ Black (1)      \_\_\_\_\_ Asian (2)      \_\_\_\_\_ Caucasian (3)  
\_\_\_\_\_ Hispanic (4)      \_\_\_\_\_ Native American (5)      \_\_\_\_\_ Other (6)
2. My gender can best be described as:  
\_\_\_\_\_ Female (1)      \_\_\_\_\_ Male (2)      \_\_\_\_\_ Other (3)
3. My sexual orientation can be best described as:  
\_\_\_\_\_ Heterosexual      \_\_\_\_\_ Homosexual      \_\_\_\_\_ Bisexual
4. My current marital/relationship status can best be described as:  
\_\_\_\_\_ Single (Not Dating)      \_\_\_\_\_ Dating      \_\_\_\_\_ Married
5. Do you have children?      \_\_\_\_\_ Yes      \_\_\_\_\_ No  
If yes, how many? \_\_\_\_\_

Part II: Knowledge of Reproductive Tract Infections. Circle the single most appropriate response. T=True and F=False

- T F 6. Reproductive tract infections are any infections of the reproductive tract.
- T F 7. Sexually Transmitted Diseases are considered reproductive tract infections?
- T F 8. Yeast infections are considered reproductive tract infections?
- T F 9. A woman can only contract a reproductive tract infection through sexual contact.
- T F 10. Only women can contract reproductive tract infections.



## APPENDIX B continued

## Part III: Sexual Behavior

11. How many sexual partners have you been involved with since your first sexual encounter?  
       \_\_\_\_\_ 1-10                \_\_\_\_\_ 11-21                \_\_\_\_\_ over 21
12. Do you use a condom when you engage in sexual activity?  
       \_\_\_\_\_ All the time                \_\_\_\_\_ Some times                \_\_\_\_\_ No
13. How many sexual partners have you had in the past 3 months?  
       \_\_\_\_\_ 1-5                \_\_\_\_\_ 6-10                \_\_\_\_\_ more than 10
14. How many times have you been treated for a sexually transmitted disease?  
       \_\_\_\_\_ 1-5                \_\_\_\_\_ 6-10                \_\_\_\_\_ more than 10

## Part IV: Financial background information

15. Are you currently employed?  
       \_\_\_\_\_ Yes                \_\_\_\_\_ No
16. Do you work part-time or full-time?  
       \_\_\_\_\_ Part-time                \_\_\_\_\_ Full-time
17. Do you currently receive any type of financial support from the government?  
       \_\_\_\_\_ Yes                \_\_\_\_\_ No
18. If yes, what form of aid do you receive?  
       \_\_\_\_\_ Food Stamps                \_\_\_\_\_ TANF                \_\_\_\_\_ Medicaid                \_\_\_\_\_ Other
19. What is your annual income?  
       \_\_\_\_\_ 10,000-15,000                \_\_\_\_\_ 16,000-30,000                \_\_\_\_\_ more than 30,000
20. Which answer best describes your living arrangements?  
       \_\_\_\_\_ renting                \_\_\_\_\_ leasing                \_\_\_\_\_ own/ buying home  
       \_\_\_\_\_ live with family/friends                \_\_\_\_\_ shelter

### APPENDIX C: TABLE OF QUESTIONS

QUESTION	N	STD	MEAN
Your ethnic background can best be described as?	30	.5921	1.1667
What is your gender?	30	.0000	1.000
What is your sexual orientation?	30	.5074	1.1333
What is your current marital status?	30	.6297	1.5000
Do you have any children? If yes, how many?	30	.2537	1.0667
Reproductive tract infections are any infections of the reproductive tract?	30	.3051	1.1000
Sexually transmitted diseases are considered RTIs?	30	.4068	1.2000
Yeast infections are considered RTIs?	30	.4661	1.3000
A woman can only contract a RTI through sexual contact?	30	.4901	1.6333
Only women can contract RTIs?	30	.4795	1.6667
How many sexual partners have you been involved with since your first sexual encounter?	30	.5040	1.2333

## APPENDIX C continued

QUESTION	N	STD	MEAN
Do you use a condom when you engage in sexual activity?	30	.4901	1.9667
How many sexual partners have you had in the past 3 months?	30	.4611	1.1667
How many times have you been treated for a STD?	27	.9755	1.4815
Are you currently employed?	30	.4983	1.40
Do you work part-time or full-time?	30	.7915	2.1667
Do you currently receive any financial support from the government?	30	.3790	1.1667
If yes, what form of aid do you receive?	26	.9829	2.61
What is your annual household income?	29	.4913	1.20
Which answer best describes your current living arrangement?	30	1.43	2.73

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